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THE JOURNAL OF SPEECH AND HEARING DISORDERS

Volume 21

Extra no.
Oct. 1956

MANUSCRIPTS and related correspondence should be addressed to: Gordon E. Peterson, Editor, *Journal of Speech and Hearing Disorders*, Department of Speech, 3223 Angell Hall, University of Michigan, Ann Arbor, Michigan.

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NEWS and announcements should be addressed to: Mary Huber, Department of Speech, Los Angeles State College, Los Angeles, California.

NOTICE TO AUTHORS

Before submitting manuscripts for publication authors should consult Information for Contributors to the Journal of Speech and Hearing Disorders, *JSHD*, 20, 1955, 77-79. Prospective authors are invited to write the Editor for copies of this Note, and for its supplement, Examples of Manuscript Form.

The Journal of Speech and Hearing Disorders is published by the American Speech and Hearing Association in March, June, September, October and December of each year. Volumes 1-12 appeared under the title *The Journal of Speech Disorders*.

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Subscription: $5.00 per year in U.S.A.; $5.50 per year outside U.S.A.; $1.35 per single copy. Entered as second-class matter at the Post Office in Danville, Illinois, under Act of Congress of March 3, 1879. Printed by The Interstate Printers and Publishers, Inc., 19-27 North Jackson Street, Danville, Illinois.

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THE JOURNAL OF SPEECH AND HEARING DISORDERS

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THE AMERICAN SPEECH AND HEARING ASSOCIATION

OFFICERS

President	James A. Carrell, Ph.D., Univ. of Washington
Executive Vice-President	Stanley Ainsworth, Ph.D., Univ. of Georgia
Vice-President	Jack Matthews, Ph.D., Univ. of Pittsburgh
Secretary-Treasurer	George A. Kopp, Ph.D., Wayne University
Editor of the Association	Robert West, Ph.D., Brooklyn College

OFFICERS-ELECT

President-Elect	Raymond Carhart, Ph.D., Northwestern Univ.
Vice-President-Elect	Virgil Anderson, Ph.D., Stanford Univ.

COUNCIL

The Officers and the following Councilors:

Harlan Bloomer, Ph.D.	John V. Irwin, Ph.D. (1955-57)
Frederic L. Darley, Ph.D. (1956-59)	Ruth B. Irwin, Ph.D., (1956-59)
Leo G. Doerfler, Ph.D. (1954-56)	Gordon E. Peterson, Ph.D. (1955-57)
Jon Eisenson, Ph.D. (1954-56)	Charlotte G. Wells, Ph.D. (1956-58)
Ernest H. Henrikson, Ph.D., (1956-58)	

APPLICATIONS FOR MEMBERSHIP SHOULD BE ADDRESSED TO THE SECRETARY-TREASURER

THE JOURNAL OF SPEECH AND HEARING DISORDERS

EDITOR
Gordon E. Peterson, Ph.D.

ASSISTANT TO THE EDITOR
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James F. Jerger, Ph.D.
D. E. Morley, Ph.D.

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Spencer F. Brown, M.D. *Medical Problems*
Frederic L. Darley, Ph.D. *Organic Speech Disorders*
Leo G. Doerfler, Ph.D. *Hearing Disorders*
Ira J. Hirsh, Ph.D. *Psychoacoustics*
Arthur S. House, Ph.D. *Speech Science*
Hayes A. Newby, Ph.D. *Hearing Disorders*
Gretchen M. Phair, M.S. *Clinical and School Problems*
Hildred Schuell, Ph.D. *Organic Speech Disorders*
Dorothy Sherman, Ph.D. *Statistics*
S. Richard Silverman, Ph.D. *Monograph Supplement*
Joseph M. Wepman, Ph.D. *Psychological Problems*

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Mary Huber, Ph.D. *News and Announcements*
Martin F. Palmer, Sc.D. *Records*
William R. Tiffany, Ph.D. *Abstracts*

EDITOR OF THE ASSOCIATION
Robert West, Ph.D.

BUSINESS MANAGER
George A. Kopp, Ph.D.

THE AMERICAN SPEECH AND HEARING ASSOCIATION

The American Speech and Hearing Association is a professional and learned association with a current membership of 3,974. Begun in 1925 as the American Academy of Speech Correction, the organization became the American Society for the Study of Disorders of Speech in 1927, the American Speech Correction Association in 1934, and assumed its present name in 1947. Formal annual conventions have been held since 1925, and membership records have been kept since 1926.

PURPOSE

'The purposes of this organization shall be to encourage basic scientific study of the processes of individual human speech and hearing, promote investigation of speech and hearing disorders, and foster improvement of therapeutic procedures with such disorders; to stimulate exchange of information among persons thus engaged, and to disseminate such information.' *By-Laws of ASHA, Article II.*

MEMBERSHIP

There are two classes of membership: Members (3,373) are required to hold Bachelor's degrees or higher in the general area of the Association's interests; Associates (601) have no academic requirements. Members who have reached the age of 65 and have retired from active professional work may become Honorary Life Members. Members who have achieved unusual professional or scientific achievement may be elected to the Fellowship upon recommendation of the Committee on Honors. Membership application cards may be obtained by writing to the Secretary-Treasurer, George A. Kopp, Speech and Hearing Clinic, Wayne State University, Detroit 2, Michigan.

CLINICAL CERTIFICATION

The Association carries on a program of clinical certification for Members who desire it. For these purposes, Speech and Hearing are regarded as separate areas. In each area two levels are defined: Basic and Advanced. A Basic Certificate indicates that the holder thereof is capable of performing general clinical duties under supervision and guidance; an Advanced Certificate indicates that he has demonstrated ability to conduct clinics, train others in the arts and skills of the profession and is a fully trained professional worker. A qualified Member may be certified in both areas, Speech and Hearing, although joint certificates are not issued. Such a Member may hold a Basic Certificate in one area and an Advanced Certificate in the other, or the levels may be the same. *A person must be a Member of the American Speech and Hearing Association before his application for clinical certification can be processed.*

Members who desire clinical certification should address the Chairman of the Committee on Clinical Certification, Dr. Ruth Beckey Irwin, Department of Speech, Derby Hall, Ohio State University, Columbus 10, Ohio.

PLACEMENT REGISTRY SERVICE

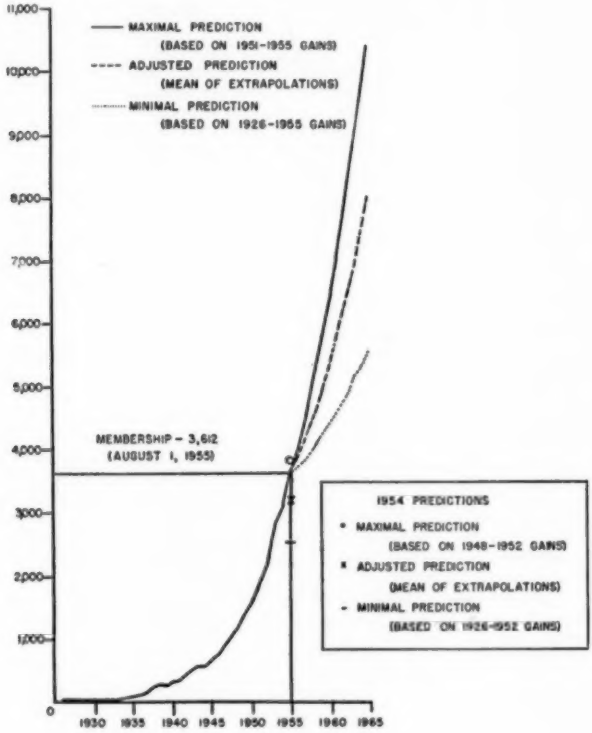
A Placement Registry Service is maintained in the office of the Secretary-Treasurer for all Members seeking employment or change of employment. Two lists are prepared bi-monthly: one of the Members seeking employment, which is sent to potential employers, and one of employers who are registered with the Placement Service, which is sent to listed Members. There are no charges for the Placement Service which is available to Members of the Association only.

PUBLICATIONS

The Association publishes *The Journal of Speech and Hearing Disorders.* It was issued first in 1936 as *The Journal of Speech Disorders,* and appeared under that title through Volume 12 for 1947. The Journal is published five times yearly and the Directory of Members is published annually as the October issue. Monograph Supplements are published irregularly.

PATTERN OF PROFESSIONAL GROWTH

The following figure shows the growth of membership. The data for years 1926-1935 are taken from the individual dues payment records for those years; for 1936 the data are taken from cash book entries; for the following years the data are taken from the published Membership Directory. The extrapolations shown on the graph are based on formulas used by the Committee on Association Planning.



	Associates	*Members*	*Total*
1951	789	1070	1859
1952	631	1602	2233
1953	748	2068	2816
1954	788	2373	3161
1955	713	2947	3660
1956	601	3373	3974

OFFICERS AND COMMITTEES

OFFICERS

President	James A. Carrell, Ph.D., University of Washington
Executive Vice-President	Stanley Ainsworth, Ph.D., University of Georgia (1955-58)
Vice-President	Jack Matthews, Ph.D., University of Pittsburgh
Secretary-Treasurer	George A. Kopp, Ph.D., Wayne University (1956-60)
Editor of the Association	Robert West, Ph.D., Brooklyn College (1955-58)

OFFICERS-ELECT

President-Elect	Raymond Carhart, Ph.D., Northwestern University
Vice-President-Elect	Virgil A. Anderson, Ph.D., Stanford University

COUNCILORS EX-OFFICIO

Chairman, Committee on Clinical Certification
Ruth Beckey Irwin, Ph.D., Ohio State University (1956-59)

Chairman, Committee on Ethical Practice
Frederic L. Darley, Ph.D., State Univ. of Iowa (1956-59)

Most Recent Ex-President
Harlan Bloomer, Ph.D., University of Michigan

COUNCILORS-AT-LARGE

Leo G. Doerfler, Ph.D. (1954-56)	University of Pittsburgh
Jon Eisenson, Ph.D. (1954-56)	Queens College
Ernest Henrikson, Ph.D. (1956-58)	University of Minnesota
John V. Irwin, Ph.D. (1955-57)	University of Wisconsin
Gordon E. Peterson, Ph.D. (1955-57)	University of Michigan
Charlotte G. Wells, Ph.D. (1956-58)	University of Missouri

STANDING COMMITTEES

(*Italics indicate ex-officio members*)

COMMITTEES: *James A. Carrell, Stanley Ainsworth, Jack Matthews, George A. Kopp, Robert West, Raymond Carhart*, Chairman

NOMINATIONS: Claude Kantner, Sue Earnest, Miriam Pauls, Darrel J. Mase, *Harlan Bloomer*, Chairman

BUDGET: *James A. Carrell, Robert West, George A. Kopp*, Chairman

LIAISON: *James A. Carrell, Jack Matthews, George A. Kopp, Robert West, Ruth Beckey Irwin, Frederic L. Darley, Stanley Ainsworth*, Chairman

CONVENTION PROGRAM: Lydia Newton, William R. Tiffany, George Shames, George Wischner, Frederic L. Darley, Henry Moser, Merle Lawrence, Joseph M. Wepman, Virginia Baird, Robert Goldstein, John Webster, William Waldrop, *Virgil Anderson, Jack Matthews*, Chairman

MEMBERSHIP: Francis Sonday, Arthur House, Jean Ervin, *George A. Kopp*, Chairman

HONORS: Clarence T. Simon, S. Richard Silverman, Lee Travis, Paul Moore, Grant Fairbanks, *Raymond Carhart*, Chairman

CLINICAL STANDARDS IN SPEECH: Paul Knight, Jack Bangs, Frank Robinson, Kathleen Pendergast, Lester Hale, Chairman

CLINICAL STANDARDS IN HEARING: Moe Bergman, William Hardy, LeRoy D. Hedgecock, Jacqueline Keaster, John Gaeth, Chairman

CLINICAL CERTIFICATION: Charles F. Diehl, Alonzo Morley, Harriet Haskins, Courtney Osborn, George L. Shaffer, Waring Fitch, Victor Garwood, Forrest Hull, Calvin Pettit, Empress Zedler, Thelma Knudson, Jane Beasley, Ruth Beckey Irwin, Chairman

ETHICAL PRACTICE: Herold Lillywhite, Zelda Kosh, Sylvia Richardson, E. Thayer Curry, Frederic L. Darley, Chairman

TERMINOLOGY: William G. Peacher, Elaine Paden, Kenneth S. Wood, Jack Clark, George Herman

TIME AND PLACE: Paul Ptacek, George Gens, Verna Breinholt, *Stanley Ainsworth*, Chairman

PUBLICATIONS: S Richard Silverman, James F. Curtis, Jon Eisenson, *Gordon E. Peterson, George A. Kopp, Robert West*, Chairman

SPECIAL COMMITTEES

ASSOCIATION PLANNING: S. Richard Silverman, Wendell Johnson, Margaret Powers, Clarence Simon, Chairman

SPEECH CORRECTION FUND: George A. Kopp, Koepp H. Baker, Mack Steer, Charles Van Riper, Paul Pfaff, Martin Palmer, Wendell Johnson, Chairman

RELATIONS WITH AMERICAN PSYCHOLOGICAL ASSOCIATION: Joseph G. Sheehan, Ira J. Hirsh, Claude Kantner, Stanley Ainsworth, Chairman

ORGANIZATIONAL STRUCTURE OF ASHA: Elise Hahn, Bruce Siegenthaler, T. D. Hanley, Hildred Schuell, Duane Spriestersbach, John Irwin, Chairman

ESTABLISHMENT OF A NATIONAL OFFICE: George A. Kopp, Darrel J. Mase, Martin F. Palmer, Mack Steer, Chairman

GROUP INSURANCE: George A. Kopp, Mack Steer, Freeman McConnell, James Mullendore, Delyte Morris, Chairman

INSIGNIA FOR SPEECH THERAPISTS: Bruce Graham, Harold Edmondson, John Montgomery, Chairman

SUB-COMMITTEE ON LIAISON WITH FEDERAL AGENCIES: Stanley Ainsworth, Darrell J. Mase, Kenneth Johnson, Wendell Johnson, Chairman

CERTIFICATION THROUGH TRAINING CENTERS: Lester Hale, Ruth Beckey Irwin, Charlotte G. Wells, John Gaeth, Chairman

EXAMINING COMMITTEE FOR ADVANCED CERTIFICATION IN HEARING: Jacqueline Keaster, John Keys, Harriet Kopp, Miriam Pauls, LeRoy D. Hedgecock, E. Thayer Curry, George Canfield, James F. Curtis, Leo G. Doerfler, Chairman

REVISION OF BY-LAWS: Dorothy Sherman, Mary Huber, Elaine Paden, Chairman

SUB-COMMITTEE ON CLINICAL STANDARDS IN PUBLIC SCHOOL SPEECH CORRECTION: Sybil Gholson, Agnes Frye, Geraldine Garrison, Dorothy Kester, Adah Miner, Mamie Jones, Chairman

COMMITTEE ON UNITED CEREBRAL PALSY SCHOLARSHIP FUNDS: George A. Kopp, Koepp H. Baker, Mack Steer, Charles VanRiper, Paul Pfaff, Martin Palmer, Harold Westlake, Wendell Johnson, Chairman

PRESIDENTS

Robert W. West	1925-28	Herbert Koepp Baker	1947
Elmer L. Kenyon	1929-32	Martin F. Palmer	1948
Smiley Blanton	1933-34	D. W. Morris	1949
Lee E. Travis	1935-36	Wendell Johnson	1950
Max A. Goldstein	1937-38	M. D. Steer	1951
Sara Stinchfield Hawk	1939-40	Harold Westlake	1952
Samuel D. Robbins	1941-42	S. Richard Silverman	1953
Bryng Bryngelson	1943-44	Margaret Hall Powers	1954
Harry Heltman	1945	Harlan Bloomer	1955
Clarence T. Simon	1946	James A. Carrell	1956

SECRETARIES		EDITORS	
Sara Stinchfield Hawk	1925-30	G. Oscar Russell	1936-42
Samuel D. Robbins	1931-40	Wendell Johnson	1943-48
D. W. Morris	1941-48	Grant Fairbanks	1949-54
George A. Kopp	1948-	Gordon E. Peterson	1955-

BY-LAWS OF THE AMERICAN SPEECH AND HEARING ASSOCIATION

Adopted December 29, 1951
Revised October 27, 1954

Article I. Name

The name of this corporation shall be the American Speech and Hearing Association.

Article II. Purpose

The purposes of this organization shall be to encourage basic scientific study of the processes of individual human speech and hearing, promote investigation of speech and hearing disorders, and foster improvement of therapeutic procedures with such disorders; to stimulate exchange of information among persons thus engaged, and to disseminate such information.

Article III. Membership

Section 1. Classes of Membership

The membership of this Association shall consist of two classes: Members and Associates. The Members shall comprise the voting body of the Association. The right to hold office shall be limited to Members.

Section 2. Eligibility

a. The requirement for Members shall be the bachelor's degree or higher in the general area of speech and hearing or tangent areas, except that this requirement may be waived in special instances by recommendation of the Committee on Membership and two-thirds vote by the Executive Council.

b. There shall be no requirements for Associates.

Section 3. Termination of Membership and Privileges

a. Any Member or Associate who violates the By-Laws or the Code of Ethics of the Association shall be suspended by a three-fourths vote of the Executive Council. Persons who have been suspended may, upon recommendation of the Committee on Ethical Practice, be reinstated after one year by two-thirds vote of the Executive Council.

b. A Member or Associate whose dues are not paid by January 15 shall not receive the official publications of the Association until his dues have been paid for the current year.

c. A Member or Associate whose dues are in arrears on January 15 of the second year shall be automatically dropped from the rolls of the Association.

Article IV. Dues

The annual dues of the Association for Members and Associates shall be recommended by the Executive Council and approved by the Membership. Dues are payable in advance for the membership year, beginning January 1. All Members and Associates shall receive all official publications of the Association, including the *Journal of Speech and Hearing Disorders*, Monograph Supplements thereto, and the Annual Directory.

Article V. Officers

Section 1. Designation

The officers of this Association shall be:
- President
- Executive Vice-President
- Vice-President
- Secretary-Treasurer
- Editor of the Association

Section 2. Duties

a. The President shall be the chief executive officer of the Association. It shall be his duty to preside at all regular meetings of the Association, to call emergency meetings of the Association, Executive Council, or any of its committees, to appoint at the direction of the Executive Council all members of committees except those specified to be elected, and to promote the interests of the Association in all ways.

b. The Executive Vice-president shall be responsible for maintaining key policies of the Association and for administering continuing long-term matters involving Association policy. He shall serve as the chief liaison officer of the Association, and be ex-officio Chairman of the Committee on Liaison.

c. The Vice-President shall be ex-officio Chairman of the Committee on Convention Program.

d. The Secretary-Treasurer shall record and file the regular minutes of all official meetings of the Association. He shall receive and file copies of the minutes of important committee meetings and copies of reports of officers and committee chairmen. He shall handle all correspondence

necessary to the proper performance of his official duties. He shall also serve as ex-officio Chairman of the Committee on Membership, and in this capacity receive applications for membership, keep a record of action taken, and maintain a current membership list.

The Secretary-Treasurer shall be entrusted with the collection and safeguarding of the Association's lawful funds, subject to the expressed wishes of the Members of the Association in their official meetings. He shall be bonded, shall be the only official of the Association authorized to draw money from the Association's funds and make expenditures, and his accounts shall be subject to annual audit. All routine expenditures as outlined in the budget prepared by the Committee on Budget shall be made by him; unusual expenditures will be referred to that Committee for action. He shall be business manager of all Association publications and manage the business matters attendant to the annual convention.

e. The Editor of the Association shall have general supervision of all publications of the Association. He shall be Chairman ex-officio of the Committee on Publications.

f. Each officer shall present to the Executive Council, at the time of its annual meeting, a written report of his official activities.

Section 3. Officers-Elect

All officers shall be elected one year prior to the assumption of their duties. Officers-elect shall be members of the Executive Council. In the event of the incapacity or resignation of any current officer the officer-elect shall immediately succeed to the office to complete the unexpired term as well as the term for which he has been elected.

Section 4. Removal from Office

Any officer may be removed from office by three-fourths vote of the Executive Council and three-fourths vote of the Members voting, providing the action was initiated by the signed petition of at least ten Members.

Article VI. Executive Council

Section 1. Designation

The Executive Council of the Association shall consist of the Officers, the Officers-Elect, the most recent ex-president, the Chairmen of the Committee on Clinical Certification and the Committee on Ethical Practice, and six Councilors-at-Large, at least one of whom shall be from the area of speech disorders, one from the area of hearing disorders, and one from the area of basic speech and hearing sciences.

Section 2. Meetings

Regular meetings of the Executive Council shall be held each year at the time and place of the annual convention; special meetings may be held at any other times when necessary as called by the President. When it is impossible to gather a majority of the Councilors for a special meeting. business may be conducted by mail ballot. A quorum shall consist of the Councilors present or answering the mail ballot as the case may be.

Section 3. Powers and Duties

The Executive Council shall exercise general management of the affairs of the Association, and shall be the financial and business instrument of the Association. It is the body to which all Officers and Committees of the Association report and are immediately responsible. In general, its duties shall be executive, and it is empowered to perform all such duties as are set forth elsewhere in the By-Laws. Its actions in such matters shall be reported to the Membership at the annual business meeting for information. Where specified elsewhere in the By-Laws, certain matters of business shall be referred to the Membership for action either at the annual business meeting or by mail ballot.

Article VII. Elections

Section 1. Terms of Office

The terms of office shall be as follows:

President	One Year
Executive Vice-President	Four Years
Vice-President	One Year
Secretary-Treasurer	Four Years
Editor of the Association	Four Years
Chairman, Committee on Clinical Certification	Four Years
Chairman, Committee on Ethical Practice	Four Years
Councilors-at-Large	Three Years

All terms of office shall begin on January 1.

Section 2. Elections

Two Councilors-at-Large and the necessary Officers-Elect shall be elected at each annual business meeting. Nominees shall be presented at the meeting by the Executive Council upon recommendation of the Committee on Nomination; further nomi-

nations may be made from the floor. The requirement for election shall be a majority of the votes of Members present at the annual business meeting.

Section 3. Vacancies

In the case of long-term officers, if the vacancy occurs before the election of an officer-elect, the office shall be filled by election at the next annual business meeting, and, if necessary, the Executive Council shall be empowered to appoint an officer pro tem to discharge the responsibilities of the office until the time of such business meeting. If a vacancy occurs for any reason among members of the Executive Council, other than officers, it may be filled for the unexpired term by action of the Executive Council.

Article VIII. Committees

Section 1. General Duties

The regular, continuing business of the Association shall be carried on by a group of standing committees as listed in the following sections. The Chairman of each committee shall prepare for the Executive Council a written report of the year's activities. This report shall be in the hands of the President at least 30 days prior to the annual business meeting. The President, subject to ratification by the Executive Council, may appoint temporary committees to carry out specific duties not provided for in the Standing Committees. All committees are directly responsible to the Executive Council.

Section 2. Committee on Committees

The Committee on Committees shall consist of the Officers of the Association and the President-Elect, who shall be Chairman. Its duties shall be to recommend to the Executive Council the appointive personnel of all committees for the succeeding year.

Section 3. Committee on Nominations

The Committee on Nominations shall consist of four appointive members and the most recent ex-president, who shall be Chairman. The Committee shall prepare nominations for all Officers and Council members to be elected at the annual meeting and submit these nominations to the Executive Council for approval or revision and recommendation to the Membership.

Section 4. Committee on Budget

The Committee on Budget shall consist of the President, the Editor of the Association, and the Secretary-Treasurer who shall serve as Chairman. The Committee shall be responsible for the preparation of the Association budget, and shall act upon all exceptional expenditures not otherwise authorized.

Section 5. Committee on Liaison

The Committee on Liaison shall consist of the President, Vice-President, Secretary-Treasurer, Editor of the Association, Chairman of the Committee on Clinical Certification, Chairman of the Committee on Ethical Practice, and Executive Vice-president, who shall be Chairman. The Committee shall study the relationships of the Association to other Associations, to various federal and state offices and bureaus, to allied professions and areas, and shall search for methods of fostering such relationships.

Section 6. Committee on Convention Program

The Committee on Convention Program shall consist of the Vice-President-Elect, the Vice-President, who shall be Chairman, and additional members as shall be required to discharge the duties of the committee. The Committee shall have complete charge of preparing the professional program for the annual convention, relying on the Secretary-Treasurer for completion of all business arrangements necessary thereto.

Section 7. Committee on Membership

The Committee on Membership shall consist of three Members, one each from the fields of speech disorders, hearing disorders, and basic speech and hearing sciences, and the Secretary-Treasurer, who shall be Chairman. The Committee shall process applications of Members and Associates, and exercise general supervision over matters relating to membership. The Committee shall be empowered to qualify applicants at any time, subject to requirements stated elsewhere in these By-Laws and to reversal, when necessary, by two-thirds vote of the Executive Council.

Section 8. Committee on Honors

The Committee on Honors shall consist of five members who are Fellows and the President-Elect, who shall be Chairman. This Committee shall receive nominations for Fellowship submitted by any Fellow and shall transmit such nominations to a vote of the Executive Council; it shall make recommendations to the Executive Council for Honors of the Association; and it shall submit to the Executive Council the cus-

tomary annual resolutions regarding individuals and agencies to whom the Association owes its thanks.

Section 9. Committee on Clinical Standards in Speech

The Committee on Clinical Standards in Speech shall consist of a Chairman, who is appointed for a three-year term, and four other members all of whom hold the Advanced Clinical Certificate in speech. The Committee shall study and define the requirements for certification of clinical competency in speech and refer its recommendations regarding requirements for certification to those persons who have been certified in speech, and in this the Committee shall be regarded as representative of those persons. The resulting recommendations shall be transmitted to the Executive Council for approval. The Committee shall continuously study the existing standards and recommend methods for raising standards.

Section 10. Committee on Clinical Standards in Hearing

The Committee on Clinical Standards in Hearing shall consist of a Chairman, who is appointed for a three-year term, and four other members all of whom hold the Advanced Clinical Certificate in hearing. The Committee shall study and define the requirements for certification of clinical competency in hearing and refer its recommendations regarding requirements for certification to those persons who have been certified in hearing, and in this the Committee shall be regarded as representative of those persons. The resulting recommendations shall be transmitted to the Executive Council for approval. The Committee shall continuously study the existing standards and recommend methods for raising standards.

Section 11. Committee on Clinical Certification

The Committee on Clinical Certification shall consist of a Chairman elected for a term of four years and at least eight other appointive members, four in speech and four in hearing, all of whom hold the Advanced Clinical Certificate. The Committee shall process applications for certification, employing the qualification standards established by the Executive Council on recommendation of the Committees on Clinical Standards in Speech and Clinical Standards in Hearing. Each application shall be acted upon by at least two members holding Advanced Certification in the area (speech or hearing) in which the applicant is seeking certification, plus one other Committee member. Based upon its study of the qualifications presented by the applicants, the Committee shall submit recommendations concerning changes in standards to the Committees on Clinical Standards in Speech and Clinical Standards in Hearing.

Section 12. Committee on Ethical Practice

The Committee on Ethical Practice shall consist of four members, including one each from the fields of speech, hearing, and basic speech and hearing sciences, who shall be appointed every other year, and an elected Chairman. The Committee shall be responsible for the formulation of the Code of Ethics, shall investigate violations of this Code, and shall recommend any action to be taken by the Executive Council as a result of such violations.

Section 13. Committee on Terminology

The Committee on Terminology shall consist of five members, each of whom shall be appointed for a term of four years, with one member newly appointed each year. The Committee shall offer advice in any matter involving terminology on which its counsel is sought by the Association or members thereof, and on any projects undertaken by the Association in which terminology is of concern.

Section 14. Committee on Time and Place

The Committee on Time and Place shall consist of three appointive members and the Executive Vice-President, who shall be Chairman. The Committee shall study and make recommendations to the Executive Council concerning arrangements for dates and locations for future conventions.

Section 15. Committee on Publications.

The Committee on Publications shall consist of the Editor of *The Journal of Speech and Hearing Disorders*, the Editor or Editors of any regular publications which may later be established, the Business Manager, and three additional appointive members, one each from the fields of speech disorders, hearing disorders, and basic speech and hearing sciences, each of whom shall be appointed for a term of three years, with one member newly appointed each year.

Article IX. Clinical Certification

Section 1. Designation

The Association defines two levels of clinical competence, Basic and Advanced,

in each of the separate areas, speech and hearing. Any Member who so desires may apply for certification at either level in one or both areas; if in both, the levels of certification need not necessarily be the same. Upon review of his qualifications in light of the standards set by the Executive Council upon recommendation by the Committees on Clinical Standards in Speech and Clinical Standards in Hearing, the Committee on Clinical Certification will issue, with approval by the Executive Council, the certificate or certificates for which the member qualifies. These certificates will be renewed annually as long as the individual remains a Member in good standing of the Association. Certification by the Association shall be considered as evidence of clinical competency.

Section 2. Code of Ethics

A Code of Ethics, formulated by the Committee on Ethical Practice and approved by the Executive Council, shall contain the principles of professional and scientific responsibilities by which Members shall be bound. Any violations brought to it for action by the Committee on Ethical Practice shall be acted upon by the Executive Council.

Charges of violations shall be presented in writing to the Committee on Ethical Practice. After proper investigation, if the Committee finds the charges warranted, it may issue warning to the Member in question. If such warning is disregarded, or if the nature of the violation is such as to render warning inappropriate, the Committee may recommend disciplinary action by the Executive Council. The accused Member may present a statement in his behalf to the Council, but, if no statement is offered, the Council may act without it.

Article X. Association Honors

Section 1. Honors of the Association

The Honors of the Association may be presented to an individual by the Executive Council upon recommendation by the Committee on Honors. This award recognizes distinguished contribution to the field of speech and hearing and is the highest honor the Association can give.

Section 2. Fellowship

Fellowship, an award recognizing professional or scientific achievement, may be given to a Member upon transmittal by the Committee on Honors and approval by three-fourths vote of the Executive Council.

Section 3. Honorary Life Members

Any Member, upon attaining the age of 65, may apply for and automatically receive Honorary Life Membership with all privileges of a Member. Annual dues will be waived.

Article XI. Conventions

Conventions of the Association shall be held annually at a time and at a place determined by the Executive Council. Conventions will be held only in establishments in which meetings can be held without discrimination on the bases of race, religion, or color. The programs of each convention shall include at least one business meeting of the Association. Only persons who are Members in good standing may attend business meetings. The responsibility for arranging the conventions shall be shared by the Committee on Program and the Secretary-Treasurer, according to their duties as outlined in these By-Laws.

In periods of emergency, the Executive Council may, by three-fourths vote, cancel the annual convention. In this case, the Executive Council shall be empowered to transact all business that would ordinarily be brought before that meeting.

Article XII. Publications

Section 1. Official Publications

The Association shall publish a periodical entitled *The Journal of Speech and Hearing Disorders*, shall issue such Monograph Supplements to the *Journal* as recommended by the Editor of the *Journal*, the Committee on Publications and the Committee on Budget and shall publish annually a Directory of the membership rolls.

Section 2. The Journal of Speech and Hearing Disorders

The Editor of *The Journal of Speech and Hearing Disorders* shall be appointed by the Committee on Publications, subject to ratification of the Executive Council, for a term of four years, synchronized with the term of the Editor of the Association. He shall have immediate editorial responsibility for the *Journal*, including its Monograph Supplements and its Directory Supplements. He shall be responsible to the Committee on Publications.

The Editorial Staff of the *Journal* shall consist, in addition to its Editor, of at least four Associate Editors and such Department Editors and Assistant Editors as are necessary, appointed by the Editor of

the *Journal*, subject to ratification by the Committee on Publications.

The Editor of the *Journal* shall make an annual report to the Committee on Publications for inclusion in that Committee's annual report to the Executive Council.

Section 3. Business Manager

The Secretary-Treasurer shall be the Business Manager of the Association's publications. He shall submit a detailed and audited financial report of Association publications to the Executive Council at the end of each fiscal year.

Section 4. Appropriations

Not less than 50 per cent of the amount of annual dues received by the Association shall be allocated for publications. Funds thus accumulated which are not expended during the fiscal year shall be retained for use on future publications.

Article XIII. Amendment

Amendments to these By-Laws may be initiated by the Executive Council or in a written proposal signed by any 10 members. Proposed amendments should be passed by majority vote of the Executive Council 30 days in advance of the vote thereon by the Membership. Vote on an amendment may be either at the annual business meeting, or by mail ballot of the entire Membership. Decision to employ the latter voting procedure may be reached by two-thirds vote of the Members present at an annual business meeting, or by two-thirds vote of the Executive Council.

CODE OF ETHICS
of the
AMERICAN SPEECH AND HEARING ASSOCIATION

Section 1. Ethical Responsibilities of Members and Associates

The American Speech and Hearing Association is composed of persons having varying interests and professional duties, but certain broad ethical principles apply to the entire membership. The application of these principles to individual cases will depend on the particular circumstances of the professional duties and status of the persons involved.

It is convenient to divide the ethical responsibilities of persons in clinical professions into (1) those duties arising out of the relation between the professional worker and the person who seeks his assistance; (2) duties owed to other professional workers; and (3) obligations to society. These classifications are arbitrary, for actually the duties and responsibilities of the professional worker are indivisible. Any one of these ethical duties clearly implies the other two.

A. The most frequent professional relationship involving Members of ASHA is that of therapist to patient. The ethical responsibilities of this relationship demand that the welfare of the patient be considered paramount. Accordingly, the therapist must possess suitable qualifications for engaging in clinical work. Measures of such qualifications are provided by the Association's program for certification of the clinical competence of Members. The therapist must use every resource available, including referral to other specialists as needed, to effect as great improvement as possible in the shortest time consistent with good professional practice. Every precaution must be taken against causing any sort of injury to the patient. These general principles are understood and accepted by the profession and the public alike. Their application is the daily task of every professional clinical worker.

Another frequent professional relationship of ASHA Members and Associates is that of teacher to student. The broad ethical responsibilities of the teacher who is a Member or Associate of ASHA are in no way different from those of any other teacher, and no special statement of ethical requirements is in order.

B. The duties owed by Members and Associates to other professional workers are many. They should disseminate results of research and developments in speech and hearing therapy. They should avoid personal controversy, but should seek the freest professional discussion of all theoretical and practical issues. They should establish harmonious relationships with members of other professions, and should especially endeavor to inform them concerning the services that can be rendered by speech and hearing therapists. They should strive to promote the status of ASHA, of the professions of speech and hearing therapy, and of all therapy for and research concerning handicapping conditions.

C. The duties owed to society include first all the obligations of good citizenship which devolve upon members of human society. As persons with special training, ASHA Members and Associates have additional special responsibilities. They should help in the education of the public regarding speech and hearing problems and other matters lying within their professional competence. They should seek to provide and expand services to persons with speech and hearing handicaps, and assist in establishing high professional standards for such programs.

Section 2. Unethical practices.

A. It shall be considered unethical:

1. To guarantee the results of any speech or hearing consultative or therapeutic procedure. Any guarantee of any sort, express or implied, oral or written, is contrary to professional ethics. A therapist may always make a reasonable statement of prognosis,

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Prepared by the Committee on Ethical Practice for 1951 (James F. Curtis, Darrel J. Mase, S. Richard Silverman, Kenneth Scott Wood, Spencer F. Brown, Chairman), this revised statement of the Code of Ethics was approved by the Executive Council and by the Membership at the 1951 Annual Convention.

but a 'cure' or other specific favorable outcome is dependent upon many factors outside the therapist's control. Hence any warranty is deceptive and unethical.

2. To employ blatant or sensational advertising. The only form of advertising permissible is the so-called 'business card,' consisting of the name of the person or institution, the type of therapy offered, office hours, address, and telephone number. The words 'type of therapy' refer to such phrases as 'Speech Therapy,' 'Speech and Hearing Therapy,' 'Disorders of Speech,' and similar phrases. Members not holding clinical certification are expressly forbidden to use the name of the Association in advertising or any other professional promotion.

3. To diagnose or treat speech or hearing defects by correspondence. This does not preclude correspondence follow-up of patients previously seen personally.

4. To violate the patient's confidence by revealing any information obtained from or about him without his express permission. Case records must not be used in teaching in such a way as to permit identification of their subjects.

5. To write or say anything which may discredit professional colleagues or members of allied professions other than that based on adequate and objective evaluation of their work.

6. To exploit patients (a) by accepting for treatment patients whose defects cannot reasonably be expected to improve under therapy offered; (b) by continuing therapy unnecessarily; (c) by charging exorbitant fees.

7. To deal with speech patients requiring medical treatment without the advice of a physician.

8. For any student in training, whether on the undergraduate or the graduate level, to treat speech or hearing patients except as this treatment is given under competent supervision and as part of the training program. It will not, however, be considered unethical for a graduate student who holds a Basic Certificate to engage in part-time speech or hearing therapy which is not part of the training program, provided that explicit approval of the director of such training program is secured in advance. A person holding a full-time clinical position and taking part-time graduate work is not, for the purpose of this Section, regarded as a student in training.

9. For any unqualified Member or Associate to treat speech or hearing patients, except under the supervision of one who is properly qualified.

10. To accept compensation from a dealer in prosthetic or other devices for recommending any particular device.

B. In addition to those which have been listed, other practices or actions might have an undesirable effect upon the patient, on relations with other professional personnel, or upon society, and would thus be unethical. It shall be the duty of the Committee on Ethical Practice to decide, in the light of all information it can collect, whether any specific act is in violation of the spirit of these Principles of Ethics.

CLINICAL CERTIFICATION REQUIREMENTS
of the
AMERICAN SPEECH AND HEARING ASSOCIATION

To help the speech and hearing handicapped obtain high quality rehabilitation programs and to maintain standards throughout the profession, the American Speech Correction Association in 1942 adopted a program for certifying speech correctionists. When the Association was broadened to include persons interested in hearing, standards for certification in this area were developed. In 1950 the Association voted to reorganize its membership framework and, in this reorganization, clinical certification was removed as a membership requirement. There are now two classes of membership, Member and Associate. To become a Member an applicant is only required to hold the Bachelor's degree or higher in the general area of the Association's interests; Associates have no academic requirements. There are four certificates of clinical competence, the Basic and the Advanced in Speech and the Basic and the Advanced in Hearing.

At the 1950 Annual Convention a Committee on Clinical Standards in Speech and a Committee on Clinical Standards in Hearing were established to study and define the requirements for certification of clinical competency in their respective areas. After a detailed analysis of certification problems these Committees developed tentative minimum standards for the basic and advanced certificates in the two fields and submitted their proposals to persons who had previously been certified for their evaluation. These standards were carefully considered by the Executive Council and at the 1951 Annual Convention the Association approved a set of minimum standards for certification which reflected the thinking of the Standards Committees, persons in the field who had been previously certified, the Executive Council, and the Association Membership. These standards are outlined in Table 1.

Also at the 1950 Annual Convention a Committee on Clinical Certification was established to process applications for clinical certification employing the qualification standards recommended by the Clinical Standards Committees. The By-Laws of the Association, as amended, specify that this Committee shall consist of an elective chairman, and at least eight other appointive members, four

These requirements were recommended by the Committee on Clinical Standards in Speech (Margaret E. Hall, Jack Matthews, D. C. Spriestersbach, Kenneth Scott Wood, Eugene T. McDonald, Chairman) and the Committee on Clinical Standards in Hearing (Merle Ansberry, Hallowell Davis, LeRoy D. Hedgecock, Hayes A. Newby, Leo G. Doerfler, Chairman), and approved by the Executive Council and by the Membership at the 1951 Annual Convention. The published statement was prepared by the Chairmen of the two Committees and revised in 1955 to include action taken after the requirements went into effect.

or more in speech and four or more in hearing, all of whom hold the Advanced Clinical Certificate, and that each application shall be acted upon by at least two members holding Advanced Certification in the area (speech or hearing) in which the applicant is seeking certification, plus one other Committee member.

TABLE 1. Minimum requirements for clinical certification by the American Speech and Hearing Association.

General Requirements

1. A bachelor's degree or higher as certified by transcripts from the awarding institution.
2. Membership in the American Speech and Hearing Association as certified by the Chairman of the Committee on Membership.
3. Subscription to the Code of Ethics of the Association.
4. Payment of the certification fee as required by Council action at the 1953 Annual Convention.

Requirements for Basic and Advanced Certificates in Speech

*(Content of these items is required)	*Semester Hours* Basic	*Advanced*
1. Basic Areas: Anatomy and physiology of the ear and vocal mechanism, phonetics, semantics, speech and voice science, psychology of speech, experimental phonetics and similar areas.	6	9-12
2. Specialized, professional course content in speech correction and speech pathology: *At least two courses in speech correction and/or speech pathology. Elective: Stuttering, voice disorders, articulation disorders, cleft palate, aphasia, cerebral palsy, and similar areas.	12	21-24
3. Specialized, professional course content in audiology: *Hearing problems and the testing of hearing. Elective: Introduction to audiology, auditory training, speech reading, speech for the acoustically handicapped. problems of the child with a hearing loss, and similar areas.	3	6-9
4. Other areas: *Child psychology (or child development) *Mental hygiene (or psychology of adjustment) *Candidates for the Advanced Certificate must present a total of 12 semester hours in psychology beyond the first course. Electives in appropriate areas	9	15-18
Total semester hours required:	30	60
5. Clinical practicum: *Basic: at least 200 clock hours; Advanced: additional equivalent of 3 semester hours (135 additional clock hours) in advanced practicum (up to 20 hours of audiology practicum may be applied).		
6. Professional experience: *Basic certificate: one year of preregistered experience following the completion of the above listed academic requirements and clinical practicum. *Advanced certificate: four years of preregistered ex-		

perience following the completion of the above listed academic and clinical practicum requirements for the basic certificate.

See also Notes Concerning Certification Requirements, Definitions, and Procedures to be Followed in Applying for Clinical Certification.

Requirements for Basic and Advanced Certificates in Hearing

*(Content of these items is required)

	Semester Hours	
	Basic	*Advanced*
1. Basic areas: Phonetics, anatomy and physiology of the vocal mechanism, anatomy and physiology of the ear, speech and voice science, experimental phonetics, psychology of speech, acoustics, physics of sound, etc.	6	9-12
2. Specialized, professional course content in audiology: *Hearing problems and hearing testing; *Speech reading; *Auditory training; Elective: Hearing aids, hearing clinic management, aural rehabilitation, audiologic instrumentation, speech for the aurally handicapped, field work in audiology, seminar in audiology, preschool deaf child, education of the deaf, etc.	12	21-24
3. Specialized, professional course content in speech correction: *Speech pathology; Elective: Stuttering, voice disorders, articulation disorders, cleft palate, cerebral palsy, aphasia, etc.	3	6-9
4. Other areas: *Child psychology (or child development); *Psychology of adjustment (or mental hygiene); *Candidates for the Advanced Certificate must present a total of 12 semester hours in psychology beyond the first course. Electives in appropriate areas	9	15-18
Total semester hours required.	30	60

5. Clinical practicum:
   *Basic: at least 200 clock hours; Advanced: additional equivalent of 3 semester hours (135 additional clock hours) in advanced practicum (up to 20 hours of speech practicum may be applied).

6. Professional experience:
   *Basic certificate: one year of preregistered experience following the completion of the above listed academic requirements and clinical practicum.
   *Advanced certificate: four years of preregistered experience following the completion of the above listed academic and clinical practicum requirements for the basic certificate.

7. Recommendation:
   For Advanced Certification the applicant shall present a favorable recommendation from the director of the speech and hearing program in a department or institution offering advanced degrees in the field of hearing and speech.

8. Examination:

For Advanced Certification the applicant shall pass both sections of a written and oral examination. Other suitable evidence, as determined by the Committee on Clinical Standards in Hearing, may be accepted in lieu of the examination upon Council approval.

See also Notes Concerning Certification Requirements, Definitions, and Procedures to be Followed in Applying for Clinical Certification.

Requirements for Dual Certification (Speech and Hearing)

	Semester Hours
1. Basic areas:	
(See required course content in Requirements for Basic and Advanced Certification in Speech and in Hearing.)	
For Basic Speech-Basic Hearing	6
For Basic Speech-Advanced Hearing	9 - 12
For Basic Hearing-Advanced Speech	9 - 12
For Advanced Speech-Advanced Hearing	9 - 12
2. Specialized, professional course content in speech correction and speech pathology: (See required course content in Requirements for Basic and Advanced Certification in Speech.)	
For Basic Speech-Basic Hearing	12
For Basic Speech-Advanced Hearing	12 - 15
For Basic Hearing-Advanced Speech	21 - 24
For Advanced Speech-Advanced Hearing	21 - 27
3. Specialized, professional course content in audiology: (See required course content in Requirements for Basic and Advanced Certification in Hearing.)	
For Basic Speech-Basic Hearing	12
For Basic Speech-Advanced Hearing	21 - 24
For Basic Hearing-Advanced Speech	12 - 15
For Advanced Speech-Advanced Hearing	21 - 27
4. Other areas:	
(See required course content in Requirements for Basic and Advanced Certification in Speech and in Hearing.)	
For Basic Speech-Basic Hearing	9
For Basic Speech-Advanced Hearing	15 - 18
For Basic Hearing-Advanced Speech	15 - 18
For Advanced Speech-Advanced Hearing	15 - 21
Total semester hours required:	
For Basic Speech-Basic Hearing	39
For Basic Speech-Advanced Hearing	66
For Basic Hearing-Advanced Speech	66
For Advanced Speech-Advanced Hearing	75

	Total clock hours	*Minimum in each area*
5. Clinical practicum:		
For Basic Speech-Basic Hearing	300	100
For Basic Speech-Advanced Hearing	400	150
For Basic Hearing-Advanced Speech	400	150
For Advanced Speech-Advanced Hearing	500	200

	Total years	*Minimum in each area†*
6. Professional experience:		
For Basic Speech-Basic Hearing	2	1
For Basic Speech-Advanced Hearing	5	1 and 3
For Basic Hearing-Advanced Speech	5	1 and 3
For Advanced Speech-Advanced Hearing	6	2 and 2

† Sponsor or sponsors must hold Advanced certification in the area or areas for which responsibility is assumed. It is to be understood that applicants may accumulate combined experience in some cases. In such instances, sponsors must be willing to certify that the experience is the equivalent of the indicated minima for essentially separate experience in each area.

7. Recommendation:
   For any Dual certification that includes Advanced certification in Hearing, the applicant shall present a favorable recommendation from the director of a speech and hearing program in a department or institution offering advanced degrees in the field of hearing and speech.
8. Examination:
   For any Dual certification that includes Advanced certification in Hearing, the applicant shall pass both sections of a written and oral examination. Other suitable evidence, as determined by the Committee on Clinical Standards in Hearing, may be accepted in lieu of the examination upon Council approval.

   See also Notes Concerning Certification Requirements, Definitions, and Procedures to be Following in Applying for Clinical Certification.

Notes concerning certification requirements

1. These listings are not necessarily course titles but rather suggestions of course content.
2. Any excess credits in 'Basic areas' and 'Specialized, professional course content' may be counted as electives in 'Other areas.'
3. In evaluating credits, one quarter hour will be considered the equivalent of two-thirds of a semester hour.
4. Credit for theses may be allowed if the research is relevant to the area in which the applicant wishes to be certified. The maximum number of semester hours for theses credits shall be as follows: For the Master's degree—6 semester hours; for the Ph.D. degree—12 semester hours.
5. Requirements for the Advanced certificate include those for the Basic certificate. Candidates for the Advanced certificate have some options in distributing their training among the content areas; however, in each group the indicated minimum requirements must be met. No more than the indicated number of credits in each group will be counted toward the required total of 60 credits.
6. A certification fee of $15.00 is required for the processing of each application filed after January 1, 1954. It is payable as follows: $7.50 to be sent to the Chairman of the Clinical Certification Committee with the application forms (this amount is not to be refunded if the application is not approved) and $7.50 to be sent when the application is approved but before the certificate is issued. Checks should be made payable to the American Speech and Hearing Association.
7. A fee of $25.00 will be charged for an examination used to meet requirements in lieu of academic credit.

Certification under the 'Grandfather' Provision (Old Standards)

By council action, the deadline for applying for certification under this provision has been extended indefinitely.

All persons who completed the academic requirements for the now obsolete Clinical Membership by June 15, 1952, and who have one year of experience may apply for Basic certification under the 'Grandfather' provision. All persons who completed the academic requirements for the now obsolete Professional Membership by June 15, 1952, and who

have four years of experience may apply for Advanced certification under the 'Grandfather' provision. Those applying for certification under this provision may report professional experience retroactively if their sponsors are willing.

Council approved the following three recommendations of the Committee on Clinical Standards in Hearing at the 1954 Annual Convention:

Dual certification at the advanced level may be awarded to any applicant who was a professional member of the Association prior to June 15, 1952 *and* who can present evidence of recognized professional activity in *both* areas prior to June 15, 1952.

Evidence of professional activity should be in the form of clinical practice, clinical supervisory responsibility, teaching, publications, participation in convention programs, direction of graduate research, committee assignments outside one's own institution, and similar high level professional activities.

Persons wishing to have this principle applied to their applications must submit all the materials required for a regular 'Grandfather' provision evaluation and be prepared to provide for the Committee on Clinical Certification such other data as may be required for the proper application of the principle.

The following are the requirements for the different types and levels of membership as defined by the Committee on Credentials in June 1949, and interpreted by the Executive Council in 1952 and 1953:

Associate

1. Good character and professional integrity.
2. Interest in speech correction or hearing field.
3. Bachelor's degree.
4. Actively engaged in or getting training in the field.
5. Signature of one Fellow or Professional Member.

Clinical Member—Speech

1. All qualifications for Associateship.
2. Eighteen semester hours in basic and specialized speech correction courses (distributed among phonetics, anatomy, and physiology of the speech and hearing mechanism, speech science, speech pathology and correction, clinical methods, etc.) Twelve semester hours must be in specialized, professional courses in speech correction and speech pathology.
3. Twelve semester hours in closely allied fields exclusive of the speech arts.
4. A total of 200 clock hours of supervised clinical practice in speech correction.
5. One full year (or the equivalent) of employment experience in speech correction under the sponsorship of a person who holds the Advanced Certificate in Speech. This experience must be reported on the "Summary of Professional Experience" form which, after completion by the applicant, must be signed by the sponsor.
6. The signature of two Fellows or Professional Members (i.e., holders of advanced certification) on the application blank.
7. Official transcripts covering all the academic work listed in the application.

Clinical Member—Hearing

1. All qualifications listed under *Clinical Member-Speech* except as stated below.
2. Twelve of the required 18 semester hours must be in specialized professional courses in audiology.
3. A total of 200 clock hours of supervised clinical practice in audiology.
4. The year of professional experience should be in audiology primarily rather than in speech correction.

Professional Member—Speech

1. All qualifications listed under *Clinical Member-Speech* with the additions listed below.
2. Forty-two semester hours in basic and specialized courses in speech correction. (At least 21 of the required 42 semester hours must be in specialized, professional courses in speech correction and speech pathology. Not more than 9 semester hours in audiology may be counted.)
3. Four full years of employment experience in speech correction under the sponsorship of one or more persons who hold the Advanced Certificate in Speech.

Professional Member—Hearing

1. All qualifications listed above for *Professional Member-Speech* except as stated below.
2. At least 21 of the 42 required semester hours must be in specialized courses in audiology. Not more than 9 semester hours in speech correction may be counted.
3. Four full years of employment experience in audiology under the sponsorship of one or more persons who hold the Advanced Certificate in Audiology.

Standards to be employed in awarding dual certification under the Grandfather Provision

Course Work

1. Basic certification in both speech and hearing.	A total of 27 credits in both areas with no less than 12† in either area.
2. Basic certification in one area and advanced certification in the other area.	A total of 51 credits in both areas with no less than 21† credits in the advanced area and no less than 12† credits in the basic area.
3. Advanced certification in both areas.	A total of 63 credits in both areas with no less than 21† credits in either area.

† Only the *specialized, professional courses* of each area may be counted here. Courses common to both areas such as anatomy, phonetics, etc. may be counted only toward the total.

Supervised Clinical Practice

1. A total of 300 clock hours with not less than 100 clock hours in either speech or hearing.

Professional Experience

1. Basic certification in both speech and hearing.	Two years, to be satisfied in one of two ways: (1) one year in speech, one year in hearing. (2) two years of combined experience which is certified by the sponsor as constituting adequate experience in both speech and hearing.
2. Basic certification in one area and advanced certification in the other area.	Five years, to be satisfied in one of two ways: (1) one year in the area of basic certification and four years in the area of advanced certification. (2) a total of five years of combined experience certified by the sponsor as constituting the equivalent of a minimum of one year in the basic area and three years in the advanced area.
3. Advanced certification in both speech and hearing.	Six years, to be satisfied in one of two ways: (1) a minimum of two years in either speech or hearing. (2) a total of six years of combined experience certified by the sponsor as constituting the equivalent of a minimum of two years in either area.

Definitions

Supervised clinical practice in speech and hearing. This training should be received as part of the applicant's formal academic preparation for the profession of speech and hearing therapist. Such practice training or practicum course is usually taken for college credit and is distinguished from the 'professional experience' also required for the basic and advanced certificates.

Practice training must be received in a situation where conferences can be held with a clinician holding the Advanced Certificate in the appropriate area of speech or hearing. Supervision must involve personal observation and checking of the applicant's diagnostic and therapeutic procedures, frequent checking on his cases, and checking of his case records and reports. The training should provide experience with a variety of case types and ages.

Minimum standards for clinical practice:

1. Two hundred clock hours in such activities as employing diagnostic procedures, carrying out therapy, conferences with his supervisor, and preparing records will be required. When practicum is offered as a specific course the student should spend 45 clock hours in the above listed activities for each semester hour of credit.

2. Observation time and time spent in preparation for therapy sessions may not be counted toward the 200 clock hours of supervised practicum.

3. The supervisor should observe the student clinican frequently enough to evaluate his skills in employing diagnostic techniques. He should be familiar with the problems presented by the patient in order to evaluate the effectiveness of the therapy employed by the student clinician to meet these problems. While the method of observation will vary, it is suggested that the supervisor should, in some way, observe the student clinician work with each of his patients approximately one out of every four treatment sessions. Diagnostic sessions should be observed more frequently.

4. While experience with a variety of cases is recommended, the beginning student clinician in speech should have an opportunity to work with at least three cases on an intensive basis and over a long enough period of time that positive results may be observed. Additional experience with other cases should be provided. Practice teaching must include some work with functional articulation cases.

The student hearing therapist should have experience with a variety of cases. Some experience should be gained in speech reading, auditory training, and speech improvement. Experience with a variety of diagnostic procedures in addition to pure tone testing is recommended.

5. The 200 clock hours should include experience with cases ranging in age from preschool through adolesence stressing particularly the elementary school level. In addition to work with these age groups the student hearing therapist should have some experience with adults, especially those presenting hearing problems common to old age.

6. The supervisor should arrange for each of his student clinicians to observe patients assigned to other student clinicians and then schedule staff meetings or conferences in which clinicians can discuss each other's patients. In this manner the clinical experiences of students may be widened.

7. Each student clinician should keep a log of his supervised practice. This log should contain a brief description of each case examined and treated by the clinician, a record of the amount of therapy provided, and the name of the immediate supervising clinician. Special attention should be given in these logs to the interpretation of the results of diagnostic techniques employed and to the objective evaluation of the effectiveness of the therapeutic procedures employed. Such logs will later serve as the basis for preparing the report of supervised clinical practice required for ASHA certification.

Professional experience in speech and hearing. One year is required for the Basic Certificate and four years are required for the Advanced Certificate. This experience is defined as post-academic (i.e., beyond the academic requirements for the basic certificate), preregistered, paid employment. The candidate must obtain as a sponsor or preceptor a person holding the Advanced Certificate in speech who will certify that the experience has been completed as preregistered.

The applicant's sponsor may be the professor who directed his clinical practice in college, if available, the supervisor of his preregistered position, or any person who holds the Advanced Certificate with whom he can confer about his program.

Minimum standards for professional experience:

1. No credit will be given for any experience prior to the completion of the minimum academic requirements for the Basic Certificate. This means that all persons desiring certification should submit their academic credentials to the Committee on Clinical Certification as soon as they have completed the academic training required for the Basic Certificate. This must, of course, precede the preregistration of professional experience. If there are any deficiencies they will be notified at once so they can take steps to remove them before they begin their professional experience program.

2. Each candidate for Basic and Advanced certification must, using a special form, register his professional experience program with the Chairman of the Committee on Clinical Certification. This registration must be effected a year prior to the date when the candidate expects to receive credit for a year of professional experience. In registering the candidate must identify his sponsor. The Clinical Certification Committee will write to the sponsor confirming this relationship and informing the sponsor of his responsibilities. It will be the responsibility of the candidate to obtain forms from the committee and have his sponsor submit a report at the end of *each* year of experience.

3. It is recommended that there should be at least one conference between a candidate and his sponsor each year. When a personal conference is not feasible, the sponsor should correspond with the candidate about his program. The sponsor should determine if the candidate has discharged his clinical responsibilities to his employer's satisfaction during the year.

4. It is the spirit of this requirement that individuals shall have genuine, serious, responsible, professional experience. Widely scattered and slowly accumulated experience will not meet this requirement One year of professional experience is defined as at least nine months of full time clinical work (minimum of 30 hours per week.) No credit will be given for experience amounting to less than 15 hours per week. Persons devoting less than 30 hours per week to clinical activities may have to spend additional time to complete their professional experience requirement.

5. Professional experience is construed to mean direct clinical work with patients, consultations with parents, teachers, etc., examinations of patients, record keeping, or any other duties relevant to a bona fide program of clinical work. If the applicant has teaching or research duties, as in most college and university situations, such teaching or research should not constitute more than one-third of his load if in speech correction courses nor more than one-fifth if in other areas. If the teaching load is heavier than indicated above, an additional amount of experience may be required.

Provisional Basic Certificate. The Committee on Clinical Certification will send each person who satisfactorily completes the minimum academic requirements for the Basic Certificate a letter indicating that these requirements have been met and that upon the satisfactory completion of a year of professional experience the applicant may be granted the Basic Certificate. This letter may be shown to prospective employers as evidence of certification status.

Sponsor Privilege. The certification requirements are interpreted to permit members who have completed the academic requirements for Advanced Certification and who have been awarded Basic certification to supervise the practice training of persons working toward Basic certification and to serve as sponsors of the professional experience of applicants for Basic certification.

It is to be noted that the Committee on Clinical Certification must certify that the academic work for the Advanced certificate has been completed before the member is actually eligible to serve as a sponsor and that a sponsor can assume responsibility only for the area (Speech or Hearing) in which he meets the certification requirements.

Procedures to be Followed in Applying for Clinical Certification.

Provisional Basic Certificate.

1. Apply to the Secretary-Treasurer who is the ex-officio Chairman of the Committee on Membership for Membership in the American Speech and Hearing Association.

2. Upon receipt of notification of election to Membership obtain from the Chairman of the Committee on Clinical Certification the necessary application forms.

3. Complete these forms according to their accompanying instructions and mail

them directly to the Chairman of the Committee on Clinical Certification.

4. Have an official transcript which covers all the academic work which is listed in the application sent to the Chairman of the Committee on Clinical Certification.

If a course title is not specific, the applicant should ask the instructor or the chairman of the department in which he took the course to send to the Chairman of the Clinical Certification Committee an official statement clarifying the content of the course.

5. If the applicant meets the minimum academic requirements for the Basic Certificate he will receive a Provisional Basic Certificate.

Basic Certificate. (See procedures above.)

1. At the time the applicant enters the employment in which he plans to earn the required professional experience he should:

a. Obtain as sponsor or preceptor a person holding the advanced certificate in the area (speech or hearing) in which certification is sought.

b. Complete the preregistered professional experience form and return it to the Chairman of the Committee on Clinical Certification.

2. After a year of professional experience has been completed obtain from the Chairman of the Committee on Clinical Certification a form for summarizing professional experience. When this has been signed by the applicant and his sponsor it should be returned to the Chairman of the Committee on Clinical Certification.

Advanced Certificate. (See procedures above.)

1. Applicants for the Advanced Certificate should preregister *each* year of professional experience following the procedures outlined in 1 and 2 under 'Basic Certificate.'

2. After the applicant has accumulated four years of successful professional experience and has completed the academic requirements for the Advanced Certificate he should obtain the necessary application forms from the Chairman of the Committee on Clinical Certification.

3. Complete these forms according to the accompanying instructions and mail them directly to the Chairman of the Committee on Clinical Certification.

4. Have an official transcript which covers all the academic work which is listed in the application sent to the Chairman of the Committee on Clinical Certification.

If a course title is not specific, the applicant should ask the instructor or the chairman of the department in which he took the course to send to the Chairman of the Clinical Certification Committee an official statement clarifying the content of the course.

5. Candidates for Advanced Certification in hearing must, in addition to the above:

a. Present to the Committee on Clinical Certification a favorable recommendation as described in item 7 of the requirements.

b. Arrange with the Committee on Clinical Certification to take the examination as described in item 8 of the requirements.

MINIMUM REQUIREMENTS FOR HEARING PROGRAMS OFFERING GUIDANCE IN SELECTION OF HEARING AIDS

The American Speech and Hearing Association recognizes that the activities of a hearing service are diverse. No single definition can cover all the legitimate activities that such programs incorporate. In general, such programs offer education and rehabilitational services but do not engage in the sale or maintenance of hearing aids. However, the assessment of hearing to evaluate the potentialities which individuals have for use of hearing aids is frequently an important phase of a program's activity.

A hearing center may be associated with an education institution, a hospital, or a service agency. There is no inherent reason why such a center could not be a private venture provided its practices and ethics conform to recognized professional standards. The center may offer medical services if appropriately affiliated and staffed. In any event, the services of the center are distinguished from the general practice of otolaryngology because of their emphasis on nonmedical rehabilitation. Conversely, its services are distinguished from schools whose purpose is the long term academic training of pupils with auditory impairments.

The American Speech and Hearing Association is committed to the philosophy that every activity worthy of designation as a hearing program should satisfy realistic standards insuring its competence. Generally speaking, there is a widely recognized frame of reference for such standards. The qualifications which a center's personnel may be expected to satisfy are implicit in (1) the degree requirements of institutions offering training in audiology, (2) the requirements of the several states for certification of teachers, and (3) the Association's own requirements for clinical competence in the field of hearing. In turn, competent personnel will make demands on administrative superiors which will encourage adequate physical facilities and equipment for the center. Thus, there does not at the moment seem to be need to formulate requirements covering all phases of a hearing program's activities. The principles already established by current practices and a general program of assuring recognition of competent professional workers appear ample safeguards.

The situation is somewhat different when one of the services offered is guidance in selection of hearing aids. This consideration leads to the following statement of requirements which the American Speech and Hearing Association deems minimal if a center engages in this activity.

These requirements were recommended by the Committee on Minimum Requirements for Hearing Clinics (Jack L. Bangs, George A. Falconer, Wallace A Goates, John W. Keys, Donald M. Markle, S. Richard Silverman, Jessee J. Villarreal, Raymond T. Carhart, Chairman) and approved by the Executive Council at the 1952 Annual Convention.

Minimum Requirements

A hearing program shall be considered as equipped to engage adequately in the task of guidance in the selection of hearing aids only if it satisfies all the criteria listed below.

I.A. The center shall follow a sound plan for obtaining otological guidance and advice regarding its policies and practices.

B. The center shall follow a sound policy of obtaining otological diagnoses and adhering to medical recommendations.

C. Except where there is medical approval to the contrary, final recommendations regarding hearing aids will be withheld until medical or surgical regimes advised by the otolaryngologist shall be completed.

D. If appropriate medical clearance is obtained, the center may make ear impressions and may arrange for the manufacture of earpieces as an adjunct to proper testing.

II.A. Personnel shall have qualifications equivalent to those specified by the American Speech and Hearing Association for clinical certification in the hearing field.

B. The individual supervising the program of hearing aid selection shall satisfy the qualifications for the Advanced Certificate in Hearing. (Since this certification has just been established, an appropriate time must be allowed in order for persons currently in such positions to demonstrate the adequacy of their qualifications.)

C. Persons conducting the tests and other routine activities of the program for hearing aid selection should satisfy the qualifications for the Basic Certificate in Hearing.

D. A person who does not satisfy Criterion C may be used only if three conditions are met.[1]

1. His activities shall be directly supervised by a certified member of the center's staff.

2. The evaluation of findings and the clinical decisions arising therefrom shall remain the responsibility of the staff member.

3. He shall have had sufficient instruction, both theoretical and practical, to qualify him for participation in the program before undertaking the above duties.

III.A. Special testing rooms shall be so constructed and located as to supply a physical environment which is acceptable for the use to which they are put. The basic requirement is that all special facilities must make possible the validity of the tests or other techniques conducted therein.

B. The electro-acoustic and other equipment employed in testing patients shall satisfy the conventional standards for adequacy. The equipment shall be used in such manner as to maintain the validity of the tests employed. This requirement includes arrangements to keep the equipment properly calibrated and in good working condition.

Current practice indicates that ordinarily the minimum equipment is that which allows the exploration of threshold for pure tones as well as both threshold and supra-threshold hearing for speech. Procedures may change as a result of advancing knowledge, and it is explicitly in-

[1]It is the sense of this requirement that students-in-training shall not be substituted for qualified personnel. Students-in-training are here defined as individuals engaged in mastering the techniques involved in hearing aid selection.

tended that the equipment shall be consistent with contemporary clinical standards.

IV. The hearing program shall have ample and satisfactory provisions for the educational and rehabilitational management of the persons examined. Either the center must offer these facilities itself, or a sound plan of referring cases for these services must be in effect.

V. Any stock of commercial hearing aids with which cases are tested shall represent a reasonable sample of the hearing aid characteristics which are currently available. Furthermore, provisions shall be made to keep these hearing aids in proper working condition.

VI. The center shall not engage in the sale of hearing aids or accessories.

VII. The center shall adhere to sound ethical practices.

A. The code of ethics of the American Speech and Hearing Association shall be observed.

B. The center shall maintain a positive policy of offering access to its philosophy and method of operation.

C. The center shall not release advance information on its recommendations to a commercial organization or an individual engaged in the sale of hearing aids.

VIII. The center shall adhere to a policy of referring patients about to purchase hearing aids only to commercial organizations and individuals who have demonstrated their integrity, their competence in dealing with hard of hearing persons, and the adequacy of both their facilities and service.

HONORS OF THE ASSOCIATION

The Honors of the Association may be presented to an individual by the Executive Council upon recommendation by the Committee on Honors. This award recognizes distinguished contribution to the field of speech and hearing and is the highest honor the Association can give.

—*By-Laws of ASHA, Article X*

Carl Emil Seashore	1944
Wendell Johnson	1946
Robert West	1947
Lee E. Travis	1947
Walter Hughson	1947
Harvey Fletcher	1949
Delyte W. Morris	1949
Clarence T. Simon	1950
Hallowell Davis	1951
Sara Stinchfield Hawk	1953
S. Richard Silverman	1954
Grant Fairbanks	1955

FELLOWS

'Fellowship is an honor which may be awarded to a Member in recognition of achievement in the directions indicated by the statement of the purposes of the Association as recorded in the By-Laws. It has no fixed requirements, and it may not be applied for or proposed by a Member for himself. It is not a class of membership, is not awarded to any arbitrary percentage of the membership, and is not applicable to non-Members or Associates.

A Fellow shall have been active in the Association, as evidenced by publication in the *Journal*, appearance on the convention programs, or service on committees, and shall have a record of achievement, unquestionable and sustained, of one or more of the following types: (1) Original contributions to the advancement of knowledge; (2) distinguished educational, professional, or administrative activity; (3) outstanding service to the Association.'—*Extract from the Report of the Committee on Honors*, 1951.

Ainsworth, Stanley H.
Anderson, Virgil
Ansberry, Merle
Backus, Ollie L.
Baker, Koepp H.
Bender, Helen F.
Bender, James F.
Berry, Mildred F.
Black, John W.
Bloodstein, Oliver
Bloomer, H. Harlan
Bluemel, Charles S.
Boyd, Harold
Brown, Frederick W.
Brown, Spencer F.
Bryngelson, Bryng
Canfield, Norton
Carhart, Raymond T.
Carr, Anna M.
Carrell, James A.
Chapin, Alice C.
Clancy, John N.
Coe, Herbert E.
Cotton, Jack C.
Curry, E. Thayer
Curtis, James F.
Darley, Frederic
Davison, Louise Davis
DiCarlo, Louis M.
Doerfler, Leo G.
Dub, Alfredo
Eisenson, Jon
Evans, M. F.
Fairbanks, Grant
Freund, Henry
Froeschels, Emil
Gaeth, John H.
Gardner, Warren H.
Glorig, Aram
Gross, Hildred A.
Hahn, Elise S.
Hale, Lester L.
Hanley, T. D.
Hardy, William G.
Harkins, Cloyd S.
Harrington, E. Robert, Jr.
Hawk, Sara S.
Heltman, Harry Joseph
Henrikson, Ernest H.
Hirsh, Ira J.
Hoffman, Jeanette A.
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Huber, Mary W.
Irwin, John V.
Irwin, Ruth Beckey
Johnson, T. Earle
Johnson, Wendell A.
Kantner, Claude E.
Keaster, Jacqueline
Kelly, George A.
Kennedy, Lou
Knight, Paul D.
Knower, Franklin H.
Kopp, George A.
Lassers, Leon
Lederer, Francis
Lierle, Dean M.
Lillywhite, Herold
Mase, Darrel J.
Matthews, Jack
McDonald, Eugene T.
McDowell, Elizabeth D.
McGinnis, Mildred A.
Milisen, Robert L.
Miller, Elvena
Moore, G. Paul
Moore, Wilbur E.
Morley, Alonzo
Morris, Delyte W.
Moser, Henry M.
Murray, Elwood
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Nielson, J. M.
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Pronovost, Wilbert
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Rutherford, Berneice
Schuell, Hildred
Segre, Renato
Sheehan, Joseph G.
Sherman, Dorothy
Shover, Jayne
Silverman, S. Richard
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Snidecor, John C.
Solomon, Meyer
Spriestersbach, D. C.
Steer, Mack D.
Taylor, Jane Bliss
Templin, Mildred
Travis, Lee E.
VanDusen, Clarence R.
VanRiper, Charles
Ward, Lavilla Amelia
Wells, Charlotte G.
Wells, Earl William
Wepman, Joseph M.
West, Robert William
Westlake, Harold
Wood, Kenneth S.
Young, Edna Hill
Zimmerman, Jane D.

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The following alphabetical list gives the degrees, professional affiliation, and mailing address of each Member of the Association as of July 1, 1956. Clinical Certification of Members as recorded on July 1, 1956 is indicated as follows: BS-Prov., Provisional Basic, Speech; BH-Prov., Provisional Basic, Hearing; BS, Basic, Speech; BH, Basic, Hearing; AS, Advanced, Speech; AH, Advanced, Hearing. Fellows (F) and Honorary Life Members (HLM) are noted.

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—By-Laws of ASHA, Article IX

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Far Rockaway: Shafer, Richard A.
Fayetteville: Cook, Lois B.
Forest Hills: Goidel, Dolores M.; Kessler, Gilda H.; Masten, Irving; Treuhaft, Eleanor; Vaccaro, J. John
Flushing: Anderman, Bernard M. (BH); Barr, Dolores S.; Bronstein, Arthur J. (AS); Levinson, Helen J. (BS); Melrose, Jay (BS); Melrose, Barbara; Nober, Earl H. (BS BH); Rosenbaum, Robert Lee; Rubin, Herbert; Wolsch, Robert A.
Fredonia: Youngerman, Henry C. (BS)
Freeport: Berman, Gertrude K.
Fresh Meadows: Horowitz, Leola S. (BS); Pressel, Gene
Garden City: Elliott, Franklyn (BS); Herman, Pearl P.
Geneseo: Moncur, John P.
Geneva: Ball, Marie A. (BS)
Glen Falls: Marge, Michael
Glen Oaks: Bergman, Moe (AH)
Goshen: Rosenbaum, Marion
Granville: Dwyer, Marjorie
Great Neck: Hirsch, Rosalind G.; Kohn, Sedell

Harrison: Duhnkrack, Eleanor Davis (BS)
Hartsdale: Parrot, Priscilla J.
Hempstead: Calamaras, Peter (BS); Canfield, William H.
Hudson Falls: Darby, Gladys
Huntington: Schapiro, Dorris B.
Ithaca: Barnett, Roberta L.; Coopersmith, Alice M.
Jackson Heights: Kaplan, Claire G. (BS); Zinberg, Mildred F. (AS)
Jamaica: Barbara, Dominick A.; Nelson, William; Roman, Joan
Jamestown: Garliner, Daniel
Kingston: Aldridge, Robert Reed; Horowitz, Esther (AS)
Lake Carmel: Kaplan, Max
Lake Mahopac: Pike, Allen R. (BS)
Laurelton: Pollins, Judith L.
LeRoy: Gyr, Lois L.
Levittown: Krawitz, Ann B.
Liverpool: Inadoli, Edward; McCarthy, Constance F.
Lockport: Carroll, Paul J.
Long Beach: Reichstein, Jerome
Long Island: Ackerman, Marjorie M. (BS); Berk, Eileen Grabson; Boxer, Henriette (BS); Carnese, Josephine; Carstens, Virginia E.; Dowty, Grace M.; Falk, Lillian; Lewis, Dorothy N.; Panzer, Esther D.; Paczak, Isabel B. (BH); Penn, Jacques P. (AH); Pettas, Mary; Rosenfeld, Laura S. (BS); Schroeder, Tamara P. (BS); Silverman, Eleanor T.; Strauss, Euna; Sucher, Sylvia G.; Weavers, Marjorie J.; Zack, Earl R.
Manhattan: Hoffman, Marjorie
Massapequa Park: McMillen, Anne P.; Melkin, Corinne
Middle Village: Nemeth, George
Middletown: deLavallee, Dolores A. (BS)
Mokegan Lake: Vallon, Jerome
Mineola: Harrison, Norma K. (BS)
Monroe: Phillips, Alfred
Monticello: Schneider, Muriel M.
Mt. Kisco: Bishop, Doris Z.; Moran, Corinne C.
Mt. Vernon: Homefield, Harold D. (BS)
Newburgh: Knox, Barbara D.
New City: Kelder, Gordon A.
New Paltz: Abernethy, Rose L.; Baisler, Perry E. (AS); Cotton, Jack C. (F AS)
New Rochelle: Adler, Belle (BS); Meisler, Beatrice R.; Rickler, Irwin; Stocker, Beatrice
New York: Amster, Walter W. (AS); Arnold, Godfrey E.; Baker, Elmer E., Jr. (AS); Beasley, Jane E. (AS); Berliner, Helene; Bernstein, Carol; Bloom, Leon (BS); Bobrick, Gladis (BS); Brodnitz, Friedrich (BS); Buck, Joyce F. (BS); Bullen, Adaline Shaw (AS); Bunis, Janice R.; Burkowsky, Mitchell R.; Clark, Ruth M.; Cohen, Savin; Conklin, Willa C. (BS); Daszewski, Halina J.; DeHirsch, Katharine (BS); De Voe, Anne (BH); Doob, Dorothy (AS); Epstein, Lillian C. (BS); Evans, Betty H.; Finlan, Leonard (BS); Fluharty, George W.; Franklin, Roy W.; Freibrun, Robert; Freud, Esti D.; Friedlander, George H.; Froeschels, Emil (F); Golub, Arnold (BS); Gordon, Evelyn Frances; Gotterer, Rita P.; Gray, Mildred (BS); Green, David S.; Hammond, Daga L.; Harden, Elizabeth L. (BS); Heaver, Lynwood; Herald, Clare M.; Jacoby, Beatrice F. (AH); Jansky, Jeannette; Joseph, H. Ludwig (BS BH); Kastein, Shulamith (BS); Keller, Geraldine M.; Konigsberg, Evelyn (AS); Lee, Joan; Lee, Wanda; Leight, Gilbert; Leinbach, Anna Bell; Lessac, Arthur; Levy, Rosalind R.; MacLeod, Jane W. (BS); Marcellus, Mary; Markle, Donald M. (AH); Marks, Margaret (BS); Meltzer, Flora E. (BS); Monroe, Alice D. (BS); Miller, Maurice H. (AS BH); Mulgrave, Dorothy Irene; Mulligan, Arthur G. (BS); Murray, Joan; Newburger, Doris S.; Newfield, Virginia; O'Brien, Raymond; Pennington, R. Corbin; Pickering, Frances E.; Pollikoff, Francine; Rector, Roy T.; Rees, Pauline J.; Rhodes, Jerome E.;

Rigrodsky, Seymour; Rubin, Morris M.; Sadoff, Irvin Eliot; Schmitz-Svevo, Frederica; Scholl, Hannah H.; Scholl, Harold M.; Segel, Frances M.; Shulman, Edward (AS); Silverman, Sidney I.; Sittig, Elly (HLM); Snyder, Murry A.; Soisson, Margaret; Sullivan, Alice V.; Taylor, Jane Bliss (F HLM); Tobias, Lottie; Trepel, Doris L. (AS); Turner, Martha P. (BS BH); Vogel, Laura B. (BS); Weaver, Ella H. (AS); Wechsler, Selma L.; Weiss, Deso (AS); White, Willard C.; Whitehurst, Mary Wood; Zaner, Annette R. (BS); Zimmerman, Jane D. (F AS); Zweig, Hannah

Niagara Falls: Goodheart, Phoebe M.; Shiya, Marie E.
North Collins: Dopheide, William R. (BS)
N. Tarrytown: Wortley, John (BS)
Oyster Bay: Schulz, Elizabeth E.
Port Washington: Duffy, John K. (AH)
Queens Village: Rahman, Persephone
Poughkeepsie: Hedberg, J. Natalie L.
Queens: Cartafalsa, John Samuel; Frank, Sally Ruth; Gold, Zina; Richardson, Sylvia O.
Rego Park: Abrams, Jean M.; Eisen, Ruth R.
Rochester: Carpenter, Marilyn; Collins, Marie A.; Debole, S. Mario; Diamond, Matthew (BS); Dickson, Stanley; Geldin, Irving H.; Geyer, Margaret L. (BH); Hardick, Edward J.; Jann, Gladys R. (AS); Lauder, Calvin E.; Malone, Sister Helen D.; McFall, Mary L.; Subtelny, Joanne D.; VanHattum, Rolland (BS)
Rome: Larsen, Reed M.; Sparks, Fred L., Jr.
Roslyn Heights: Bender, James F. (F AS)
Scarsdale: Glickenhaus, Sarah B.; Hyslop, Edith H.; Sokoloff, Martin A. (BS)
Schenectady: Lewis, Miriam W.
Scotia: Kilpatrick, Janet (BS)
Spring Valley: Liebman, Jerome; Meissner, James H.
Staten Island: Meade, William F.
Syracuse: Blodgett, E. Donald; DiCarlo; Louis M. (F AS); Dotterer, Bertha Louise (BS); Jordan, Herbert N.; Manes, Susan (BS); Mange, Charles V. (BS); Miller, Donald Y. (BS); Peacher, William G. (F AS); Sklar, Diane Lee; Schaffer, Elliott J. (BS); Smith, Elliott C.
Tarrytown: Martin, Jean T.; Werber, Barbara L.
Utica: Burger, Leona S. (BS); Darrow, Jean S.; Freed, Dolores F.; McHugo, Eileen M.
Valley Stream: Sellinger, Malcolm
West Haverstraw: Edelstein, Gerald; Sanders, Lois J.
West Hempstead: Brown, Frederick W. (F AS)
White Plains: Frangioni, Irene H. (BS); Garlen, Hyla B.; Green, Carol
Yonkers: Hoberman, Shirley E.; Ronan, Alice J.; Schiller, Newton M.

NORTH CAROLINA

Boone: Carpenter, Jessie (BS)
Candler: Rich, Ruth G.
Chapel Hill: Wiess, Adair B.
Charlotte: Jackson, Jeanne C.; Marquardt, Erleen; Pindell, Helen H.; Ramos, Pearle R.
Durham: Dorsey, Joan J.; Wetherby, J. C. (BS)
Elizabeth: Marshall, Helen A.
Ft. Bragg: Keener, Nancy D. (BS)
Graham: Colville, Mary B.
Hickory: White, Georgia Lee
High Pointe: Kibler, Lucy M.
Highlands: Baker, Koepp H. (F AS)
Mount Holly: Rankin, Julia P.
Raleigh: Kelleher, Mary L.
Red Springs: McNeill, Frances S.
Rocky Mount: Greathouse, Eula P.
Tryon: Allen, Mildred K. (BS)

Williamston: Meador, Addie Lee
Winston Salem: Masland, Mary Wooton; McCoy, Malcolm B. (BH)

NORTH DAKOTA
Bismarck: Smaltz, Janet M. (AS)
Devils Lake: Lake, Florence O. (AH)
Fargo: Albright, Joy S.; Albright, Robert W. (AS); Booker, Mary E.; Kennelly, Mary Ann
Jameston: Burtscher, H. Thomas (BS); Person, J. Brayton
Minot: Burghardi, Gerda J.; Elliott, Mattie S.; Gilbert, Edna E. (AS); Nelson, Lois Audrey
South Fargo: Roach, Rita C.
Valley City: Bennett, Warren A.

OHIO
Ada: Ranney, J. Buckminster (BS)
Akron: Earle, Floyd E. (BS); Earle, Patty A. (BS); Franck, Ardath Amond (BS); Fulmer, Paula A.; Gibson, Jay Howard; Hittle, Elizabeth J.; Kester, Dorothy (AS)
Alliance: Gilmore, Marian L. (BS); Schafer, Lorena (BS)
Amherst: Gousha, Catherine M. (BS)
Athens: Kantner, Claude E. (F AS); LaFollette, A. C. (AS)
Berea: Irwin, Charles G. (BS)
Bowling Green: Bashore, Wilma G. (BS); Batza, Eugene M.; Greiner, Alice (AS); Hyman, Melvin (AS)
Brecksville: Peters, Dorothy M.; Varney, Ruth P. (BS)
Brooklyn: Fleischer, Grace E.
Bryan: Shaffer, Alice M.
Campbell: Carano, Hilda
Canton: Allman, Jeannette (BS); Pelanda, Katherine Rose (BS); Smith, Samuel P.; Sussman, Ruth B.
Cincinnati: Cohen, Bernard; Cyman, Marion C. (BS); Gulick, Nancy; Hudson, Jo Anna (BS); Johnson, Warren E. (BH); Mouk, Betty Jean; Sheeley, Eugene C.; Stoelting, Frances (BS); Whitaker, John Victor (BS)
Cleveland: Boone, Daniel R. (BS); Bucke, Elsie F.; Craibbe, F. Kathylene (BS); Flower, Richard (AS); Kolas, Christy (BS); Lawrence, Clifton F. (BS BH); Lefevre, Margaret C.; Monson, Thomas A. (BS); Neidecker, Betty A. (BS); Ringler, Norma M.; Rosen, Jack; Rotolo, Anthony L.; Schubert, Earl D.; Smith, Ada (BS); Spencer, Rosalie A.; Strauss, Raymond B. (BS); Tobias, Alice W.; Tobias, Jerry V.; Vayda, Elaine J.; Vermilyea, Mary F.; Willey, Mary K. (BS); Wilson, Loraine A. (BS BH); Wood, Nancy E. (AS); Zmeskal, Iris
Cleveland Heights: Alpiner, Jerome G.; Beach, Mary N.; Gardner, Warren H. (F AS AH); Hepler, S. Lois; Polen, Sylvia
Clyde: Loudenslager, William D.
Columbus: Adler, Sol; Baker, Donald J.; Black, John W. (F AS); Briggs, Beverly M.; Carlton, Robert L. (AS); Cohen, Samuel M. (BS); Franks, Jean H. (BS); Grant, Naomi M. (BS); Irwin, Ruth Beckey (F AS); Jackson, Bernard R. (BS); Kelly, George A. (F AS); Knower, Franklin H. (F AS); MacLearie, Elizabeth C. (AS); Mallach, Dorothy D.; Morrison, Sheila G. (AS); Moser, Henry M. (F AS); Nichols, Alan C.; Noblitt, Elizabeth H.; O'Neill, John J. (AS); Oyer, Herbert J. (AS); Ross, Raymond; Sanderson, Virginia (AS); Schaef, Robert A. (BS); Schneider, Sandra; Smith, Kathleen E. (BS); Stone, Ruth E.; Stromsta, Courtney (BS); Weaver, Carl H.
Dayton: Creager, Carol F.; Johnson, Charles; Kodama, Mildred R. (BS); Lynch, Joan I.; Quirk, Mary Cecilia (AS)
Decatur: Brown, William J.
Euclid: Barringer, Carolyn B. (BS); Miller, John R. (BS)
Fremont: Kinsey, Suzanna L.
Garfield Height: Cheraso, Samuel Carl
Granville: Mountjoy, Marjorie P.
Hamilton: Coffey, William R.

Johnstown: Wagner, Norma H.
Kent: Blair, Francis X. (BH); Harris, F. Edward (BS); Horner, John S. (BS); Hutchinson, Edward C.; Kaltenborn, Arthur L., Jr. (BS); Montgomery, John R. (AS); Morrison, Helen R.; Roney, Eleanor G. (BH); Wilcox, Edna B. (BS); Wilson, Donald M. (AS)
Lakewood: Armbruster, Flora L.; Howard, Helen Wise (BS BH); Jackman, June; Klapp, Carolyn E.; Nicholl, Mary C.; Parobeck, Donna J.; Williams, Viola V.
Lorain: Tyler, Margaret H. (BS)
Mansfield: Weidner, William E.
Maple Heights: Childs, Margaret Ann (BS); Sacatsh, Jean N.
Marietta: Branson, Virginia M.
Marysville: Arnold, Floris W.
Massillon: Ward, Margaret A. (BS)
Middle Bass: Schmidlin, Adeline M. (AS)
Middletown: Swack, Janice
Mt. St. Joseph: Bartlett, Elizabeth A.
Mt. Vernon: Williams, Donald M. (BS)
Newark: Dean, Martin
Northfield: Daum, Maryann (BS)
Oberlin: Johnson, Betty J.
Oxford: Anderson, Thomas (AH); Robinson, Frank B. (AS)
Painesville: Huey, La Donna; Terango, Larry (BS)
Perrysberg: Palen, Chester
St. Bernard: Sponzilli, Mari Helen
Shaker Heights: Childs, Margaret; Forster, Charlotte (BS); Goldhamer, Irene D.; Leibold, Nan Elizabeth
Springfield: Dibert, Susan
Steubenville: Duke, M. Norine; Freedman, Ann (BS); Greenberg, Kenneth R.
Swanton: Mossing, Judith A.
Tiffin: Fisher, Lulu (BS)
Toledo: Ford, William N. (BS); Hawk, Elizabeth Ash (BS); Weller, Herbert C.; Wheaton, Margaret
Warren: Hopkins, Joan C.; Sheets, Erma Jean (BS)
Warrensville Heights: Valyo, Robert A., Jr.
Westerville: Anderson, Junella T. (BS); Jennings, Charles L. (BS)
Wickliffe: Ricks, Ruth M.
Wooster: Drushal, J. Garber (BS); Leyda, Donna B. (BS); Yost, Marjorie P.
Worthington: White, Evangeline R.
Xenia: Thompson, Doris M.
Youngstown: Baumblatt, Gladys; Bier, Ruth (BS); Dripps, Elaine R.; Elder, Joy W.; Gregg, Anne S. (BS); Hickey, John, Jr.; Miller, A. Elizabeth (AS); Vetterle, May (BH)
Zanesville: Curtis, Jack

OKLAHOMA

Bartlesville: Hackworth, Howard Bing; Summers, J. Frank (BS)
Chickasha: Morris, John Andrew
Duncan: Black, Mary M.
Enid: Cochran, Corydon E.; Hedges, Thayne A. (AS); Spuehler, Henry E.; Tull, Barbara M.
Lawton: Clark, Winifred M.
Norman: Clevenger, Ima F.; Keys, John W. (AH); Ritzman, Carl H. (AS)
Oklahoma City: Boland, John L., Jr. (AS); Braucht, Pat L.; Burtnett, Alice M. (AH); Edmondson, Harold S.; Krug, Richard F. (BH); Mattox, Norma; Redwine, Ruth (BS); Tillman, Tom W.; Walcher, Helen R.; Woods, Mrs. Hal (BS)
Shelbyville: Willey, Norman R.
Stillwater: Wilson, Glenna
Tahlequah: Blank, Earl W. (BS)

Tulsa: Elpern, Barry S.; Galey, Mary Hindman (AH); Trattner, Naoma H.; Twidwell, Marjorie B.; Waddle, Elsie L. (BS)

OREGON

Ashland: Mulling, Leon C. (AS)
Corvallis: Corfield, Joan; Wells, Earl William (F AS)
Eugene: Banks, Walter G.; Korpela, Shirley M.; Wood, Kenneth S. (F AS); Young, Norton B.
Forest Grove: Hingston, Albert C.
Hillsboro: Holboke, Hazel E.
La Grande: Russell, Hugh K.
Monmouth: Mulder, Robert L. (AS)
Portland: Allen, Marcheta; Borland, Lois; Colby, Gertrude B. (BS); Diggins, Elsa Anderson; Dupuis, Ruth M.; Eisenberg, Shirlee K.; Feldman, Louise P. (BS); Hedrick, Dona L.; Lekas, F. Ann; Leshin, George J.; Lillywhite, Herold (F AS); Nashif, Eugenie; Sharinghousen, Edythe (BS); Smith, D. Wayne; Ventura, Paul F.; Wolvek, Joseph; Youens, Frederic S.
Salem: Holeman, Lois J.; Smith, Carroll C. (BS); Taylor, John E.; Wensley, Orville W. (BS)
Springfield: Chase, Mildred R.

PENNSYLVANIA

Allentown: Morris, Phyllis M. (BS); Whitney, Leon K. (BS); Wood, Kathryn L.
Allison Park: Sechler, Crawford A.; Wacht, Bettejane
Altoona: Frisch, Helen F. (BS); McDonald, James M. (BS)
Ambridge: Lawler, Priscilla
Beaver Falls: Black, Esther K. (BS)
Bellefonte: Brungard, Maude O. (BS)
Bethlehem: Banks, Angela R. (BS)
Bloomsburg: Maietta, Donald F. (BS BH)
Bradford: Higie, M. Pauline (BS)
California: Bowlen, J. Herschel
Camp Hill: Ramedia, Mary A. (BS)
Carlisle: McIntyre, Christine
Chambersburg: Goyda, Mathilda
Chester: Green, Frances L.
Drexel: Thompson, Gilbert H.
Easton: Beebe, Helen H.
Elkins Park: Biggs, Barbara
Erie: Baer, Carolyn Ann; Fryer, Ernest (BS); Lingenfelter, D. C.; Ottaway, Ruth (BS); Woods, Sister M. Lucy
Germantown: Smith, Doranne
Gettysburg: Blatchford, Jennie R.
Gibsonia: Klim, Charles J.; Klim, Helen S. (BS)
Gerard: Simmons, John R. (BS)
Glenshaw: Battaglia, Sarah R.
Harrisburg: Emanuel, Permelia R.; Fish, Gladys B. (BS); Johnson, Albert F. (BH); Reiner, Barbara S.; Scott, Irma Marie
Haverford: Betts, Emmett A.
Havertown: Palmer, Virginia F. (BS)
Hershey: Boyle, Patricia E.
Indiana: Hess, Donald A. (BS)
Johnstown: Ellenberger, Martha V. (HLM)
Kittanning: Sommers, Ronald K.
Knox: Grine, Clifford
Lancaster: Cumpston, Charles E.; Millard, Robert T.; Shellenberger, Jeanette
Levittown: Hostetter, Patricia Lerch (BS); Nickles, Aleki; Shnaider, Borah (AS)
McKeesport: Beard, Donna
McKees Rocks: Spanard, Audrey M. (BS)
Morrisville: Wall, Kathleen B.

Munhall: Melnick, William
New Castle: Shilling, Samuel P.
Osceola Mills: Harkins, Cloyd S. (F)
Philadelphia: Bakes, Frank P. (AS); Bernhard, Marilyn K.; Bordman, Martin; Brutten, Milton; Carlsen, Vause S.; Christman, C. Daniel; Elliott, Carolyne A.; Froimson, Phyllis P.; Goldman, Stanley; Halfond, Murray M. (BS); Hois, Carolyn L.; Kessler, Geraldine (BS); Lenard, Agnes; Lewis, Anne S.; Lyons, Kathleen; McCausland, Margaret (AS); Miller, Marie B. (BS); Moore, Ellen H.; Nathanson, Yale (F AS); Nemoy, Elizabeth M. (F); Peacher, Georgiana M. (AS); Rieber, Robert (BS); Rosenberg, Philip E. (BH); Rubin, Joan; Sataloff, Joseph; Schultz, Martin C. (BS BH); Semmler, Sylvia W.; Slutsky, Sidney S.; VanDeventer, Alice (BS BH); Yenrick, D. E. (BH)
Pittsburgh: Avery, Charlotte B. (AH); Ball, Joe M.; Berlin, Charles I.; Blackstone, Barbara (BS); Blum, Arthur M.; Brown, Alice F.; Bruner, Doris; Burgi, Ernest (AS); Callista, Sister Mary (BS); Calman, Marjorie; Craig, Sam B.; Crowley, Patricia; Dattilo, Ann Marie; Doerfler, Leo G. (F AH); Dunn, Mary L.; Epstein, Aubrey (AH); Goehl, Henry (BS); Goehl, Rena; Goldman, Ronald; Hopkinson, Norma T. (BH); Jacobsen, Esther R. (BS); Koenig, Louise Helen; Kramer, Joan C.; Landy, Howard; Landy, Naomi (BS); Levy, Elizabeth; Levy, Raye C.; Matthews, Hannah P. (AS); Matthews, Jack (F AS); McCalmont, Phyllis; McGill, Margaret; McIntyre, Barbara May; McKenney, Kathleen A. (AH); McWilliams, Betty Jane (BS); Meritser, Clay L. (BS); Monteverde, Jean M.; Neugebauer, Freda W. (BS); O'Hagan, Anne; Park, Charles R.; Pellegrini, Mario P.; Perrin, Elinor H. (BS); Phillips, Betty Ruth (BS); Plesset, Rita; Scanlon, Marjorie; Shames, George (AS); Shaner, Gladys B.; Sharp, Betty F.; Shipman, William G.; Sirota, Bernice; Smith, Marnie S. W., Snyder, Jane (BS); Somma, Dolores R. (BS); Trukken, Elaine; Weber, Vaughan; Weiner, Ruth H.; Weinreich, Barbara T.; Weisman, Sister Mary J.; Welsh, George B. (BS); Wischner, George (AS); Wischner, Sary K. (BS); Wolf, Phyllis B.; Wolfe, Margery
Pottstown: Corcoran, John H.; Princenthal, Phyllis; West, Daniel (BS)
Reading: Reichard, Lera K.
Ridley Park: Harrison, John Pershing
Scranton: Hilliard, Clinton T., Jr.; Kricheff, Marjorie (BS)
Sewickley: Miles, Madeline
Sharon: Hanley, Olive P.; Hartley, Harold V., Jr.
Slippery Rock: Buzash, Lola McMullen
Somerset: Brooks, Verna A.; Wolfe, Richard
Springfield: Butz, Diantha H.
Spring Grove: Forry, Priscilla
State College: Berlin, Asa J. (AS); Dillenbeck, Martha R. (BS); Feder, Harriet; Frick, James V.; Goldstein, Lenore; Lezak, Raymond (BS BH); McDonald, Eugene T. (F AS)
Swarthmore: Krieger, Miriam R.
Turtle Creek: Pizzat, Frank J.
Uniontown: Detweiler, Miriam (BS); Henry, Gretchen B.
University Park: Fraser, Margaret A.
Upper Darby: Brubaker, Robert S. (BS); Christensen, Ned J.; Friedman, Judith; Raabe, Margaret C. (AS); Siegenthaler, Bruce M. (AH)
Vandergrift: Paul, Clara D. (BS)
Warren: Johnson, Francis R.
W. Chester: Speaker, Virginia Kathryn
W. Pittston: Owens, Elmer
Wilkes Barre: Martin, Malin D., Jr. (BS)
Wyomissing: Taussig, Eleanor (BH)
York: Bell, Alta Rebecca; Combs, Elizabeth

RHODE ISLAND

Pawtucket: Dolan, Leo F.; Granlund, Carolyn M. (BS); Wilson, Jean A.

Providence: Averell, Lois H.; Barwick, Dorothea; Crouter, John Y.; Hamilton, Ruth G. (AS); MacPherson, Helen
Warwick: Fitzsimons, Ruth (BS)

SOUTH CAROLINA
Anderson: Jackson, Willette H.; Young, Cecil M.
Charleston: Mazzolini, Martha W. (BS); White, Mabel D.; Zahour, Louise
Columbia: Gilmore, Stuart; Lambries, Norman J. (BS); Sabin Arlene (BS)
Orangeburg: Eleazer, Wilma
Rock Hill: Rankin, Wilbert (BS)
Spartanburg: Prall, Josephine; Weiss, Aileen A.; Weiss, Arthur I. (BS)
Taylors: Holcombe, David E.
W. Columbia: Cunningham, Martha E.

SOUTH DAKOTA
College Station: Draegert, G. L.
Mt. Vernon: VanRoekel, Elizabeth
Rapid City: Bridgeford, Ethel D. (BS); Cannell, Norman R.
Sioux Falls: Flint, Elmerine S. (BS); Flint, Richard W.; Newcomb, Keith I.; Tjomsland, Lily M.
Vermillion: Kavanagh, James F.
Yankton: DeLaubenfels, Richard J. (BH)

TENNESSEE
Alcoa: Allen, Kathleen P. (BS)
Bristol: Webb, Clarence E. (BS)
Chattanooga: Breeland, Nancy S.; Dobson, Eugenia Franklin; Ellis, Mary M.; Lloyd, Clara R. (BS); Rush, Frances F.; Welsch, J. Dale (AS)
Elizabethton: Powell, Glendon B. (AS)
Franklin: Jordan, Elizabeth W.
Gallatin: Hibbett, Jean P.
Jackson: Caraway, Betty (BS); Gilford, Jean (BS); Madison, Leroi; Washington, Elaine (BS)
Johnson City: Boone, Jerry N. (BS); Copeland, Pauline B. (BH); Ottenfeld, Helen H.
Knoxville: Powell, Mary Louise (BS); Silverstein, Bernard; Staats, Lorin Coover, Jr.
Maryville: Edmondson, Mary F.
Memphis: Blevins, Elizabeth J.; Fishel, Mamie Vaughn (AS); Powell, Ann Marie; Shufelt, Winifred B.; Skivington, Jolena; Tidstrom, Ellen A.
Murfreesboro: Gannaway, Mary
Nashville: Cooper, M. Claire; Criley, Walter L.; Dicker, Marilyn K.; Falck, Frank J. (BS); Falck, Vilma T.; Fristoe, Macalyne W.; Geer, William C. (BS); Haag, Joan I.; Horton, Kathryn B.; Howe, Pauline E.; Hull, Forrest M. (AS); Hull, Mary Ellen (AS); Jones, Marlin; LaBenz, Paul J.; Loetz, Norma Lou; Makres, Thomas P. (BS); McConnell, Freeman E. (AH); Munford, Faith; Richmond, Barbara F.; Ryberg, Merle S.; Stepbach, Robert F., Jr. (BS BH); Templeton, Martha (BS); Thurman, Mina P. (BS); Wilson, Ellender
Oak Ridge: O'Brien, Meribah
Paris: Bowden, Emily A.
Whites Creek: Honeycutt, Bertha H.

TEXAS
Abilene: DiPuccio, Judith A.; Evertson, Mary M.; Lewis, Nena K.
Amarillo: Appleby, Annette; Bradshaw, Martha H.
Austin: Amis, Maurine B.; Dodd, Celeste; Douglas, Ruth L. (AS); Fuchs, Grover Aaron (BS); Gholson, Sibyl G. (AS); Jackson, Melba H.; Kopra, Lennart L.; Lambdin, Faye; Strawn, Charlene; Villarreal, Jesse James (AS); Wallace, Sue S. (BS); Willard, Wennonah; Wolfe, William G. (AS)
Beaumont: Banks, Helen E.; Belk, Byrnes; Carney, Raymond J.
Bellaire: Battin, R. Ray (AS BH); Gupton, Rosa K.; Haug, C. Olaf (BH)
Belton: Crawford, Norman P. (BS)
Big Spring: Craig, Sue
Bogata: Leggett, Agnes R.

Breckenridge: Crutchfield, Verna Mae
College Station: Frazier, Shirley E. (BS)
Commerce: Roosevelt, Paul H. (BS)
Dallas: Boykin, William L.; Card, Robert E. (AS); Dixon, Richard F.; Foster, Amy B. C. (AS); Hanna, Marie Therese; Harris, Dean A.; Harrison, Peggy (BS); Hood, Philip N.; King, Burton B.; Kriehn, George J.; Levine, Ruth M. (BS); Stahl, Elaine N.; Varner, Kathleen (AS); Wright, Martha Ann
Del Rio: Connor, Mimi
Denton: Beamer, Mary Walker; Shank, Kennon H. (AS); Thomas, Christeen
Devers: Nelson, Marjorie Jo
El Campo: Vickery, Willis (BS)
El Paso: Radlauer, Mildred M.
Ft. Worth: Bell, Dorothy (BS); Billings, Judy R.; Bradley, Elizabeth L. (BS); Ford, Elizabeth M. (BS); Karraker, Mary; Pross, Edward L. (BS); West, Ruby H. (BS)
Galena Park: Gordon, Constance; McLemore, Mary M.
Galveston: Bellnomini, Mary C.; Clark, Marlene J.; Ellis, Joe D. (BS)
Grand Prairie: Breedlove, Barbara (BS)
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